Statement of Organization - Candidate Committee

Is this sta	tem	ent:	
New		Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by	form CRO-3500. A	amended form is required for each new	w election year.
----------------------------------	------------------	---------------------------------------	------------------

1. Committee Infor	mation	Figure 1 page to				
a. Name of Committee	mation			d. ID Number		
Keshiati	Cabarrus County Jude City, State and Zip Code)					
b. Mailing Address (incl	e. Date Organized					
P.O. Box	12/12/2019					
c. Committee Website (C	f. Phone Number					
				980) 434-1255		
2. Candidate Inform	nation					
a. Full Name		e. Party Affiliation				
Keshia Renée Sandidge		Democrat				
	lude City, State, and Zip Code)	f. Office Sought				
	Dak Ave Sw	Cabarrus Couty.				
concord,	NC.28025	Board of Education				
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction		
(980)622-1197	Keshia4cabarruscouty@gmail.com	202 9 Cabarrus County		Cabamus County		
Email copy of re				<u> </u>		
3. Treasurer Inform a. Full Name	nation	4. Assistant Treasu	irer Info	rmation		
		a. Full Name				
Katherine		Keshia Sandidge				
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
	low Tail Lane	270 Post Oak Ave Sw				
charlotte, NC. 28269		concord, NC. 28025				
c. Phone Number	d. Email Address	c. Phone Number d. Email Address		Address		
643-3382	Katherineslockett 17@gmail.com	980)434-1255 Kestia4cabarruscovity@gmaile		Icabamuscovinty agmail.com		
Send report no		☐ Email copy of re	☐ Email copy of report notices			
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name	· ····································		a. Financial Institution Full Name			
A/N	WARRENS COUNTY STANFARMAN COUNTY BOARD WARRENT TO 1 7 2019	Suntrus	+			
b. Mailing Address (incl	use City, States and Aip Code)					
F	30ARD = 2010	31 Union Street North				
	DEC 1 7 2019	Concord, NC. 28025		.28025		
c. Phone Number	d. Email Address		c. Type			
	RECEIVED			-1		
☐ Email copy of re	eport notices	KS	Che	cking		
I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct. Katherine Lockett Date Printed Name of Treasurer Date						
Printed Name of Candidate Value V						